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## DEVELOPMENT OF HIGHER MEDICAL EDUCATION ABROAD IN THE STUDIES OF UKRAINIAN COMPARATIVISTS

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### РОЗВИТОК ВИЩОЇ МЕДИЧНОЇ ОСВІТИ ЗА КОРДОНОМ У ДОСЛІДЖЕННЯХ УКРАЇНСЬКИХ КОМПАРАТИВІСТІВ

**Abstract.** The article presents a synthesized historiographical analysis of Ukrainian pedagogical comparativists' works on the development of higher medical education in foreign countries, identifying trends, achievements, bottlenecks, and prospects for studying this problem. The presented sample of dissertations, monographs, and textbooks demonstrated their narrow country-specific vector and similarity in formulating the subject of research.

Historiographical and comparative analysis revealed similar approaches of scientists to determining trends in the development and functioning of national systems of professional training for doctors. These concern the preservation and expansion of decentralization in higher medical education management; strengthening the interaction of its various links; shifting emphasis in determining the prerequisites for the development of national higher medical education systems from "traditional" factors (political, socio-economic, cultural situation of the country, etc.) to clarifying the influences of international medical organizations and documents in the field of healthcare that substantiate general strategies for training doctors in higher medical education institutions, etc.

Scientists also propose original approaches to studying the functioning of national systems of higher medical education. These are manifested in the development of authors' periodizations and classifications of the specified process; thorough characteristics of university environments for training future doctors in different countries; comprehensive understanding of the determinants of their formation and development, which, in addition to social, economic, and cultural factors of the country's development, relate to the level of education of the population, its multiculturalism, the specifics of educational systems, etc.

In these perspectives, the analyzed studies mark two main country-specific vectors of research in higher medical education: "overseas" (USA and Canada) and "European" (mainly Great Britain, Poland, and German-speaking countries).

**Key words:** higher medical education; foreign countries; Ukrainian pedagogical comparative studies; professional training of future doctors; historiographical analysis; comparative analysis.

**Анотація.** У статті здійснено синтезований історіографічний аналіз доробку української педагогічної компаративістики про розвиток вищої медичної освіти в зарубіжних країнах, визначено тенденції, здобутки, вузькі місця і перспективи вивчення цієї проблеми. Представлена вибірка дисертацій, монографій, навчальних посібників засвідчила їх вузький країнознавчий вектор та схожість формулювання предмета дослідження.

Історіографічний і порівняльний аналіз виявив схожі підходи вчених до визначення тенденцій розвитку та функціонування національних систем професійної підготовки лікарів. Вони стосуються збереження та розширення децентралізації управління вищою медичною освітою; посилення взаємодії її різних ланок; зміщення акцентів при визначенні передумов розвитку національних систем вищої медичної освіти з «традиційних» чинників (політичне, соціально-економічне, культурне становище країни та ін.) на з'ясування впливів міжнародних медичних організацій та документів у галузі охорони здоров'я, що обґрунтовують загальні стратегії підготовки лікарів у закладах вищої медичної освіти тощо.

Також науковці пропонують оригінальні підходи до вивчення функціонування національних систем вищої медичної освіти. Вони виявляються у розробці авторських періодизацій і класифікацій означеного процесу; ґрунтовних характеристиках університетських середовищ підготовки майбутніх лікарів різних країн; комплексному осмисленні детермінант їх становлення та розвитку, які, крім соціальних, економічних, культурних чинників розвитку країни, стосуються рівня освіченості населення, його полікультурності, специфіки освітніх систем тощо.

В означених ракурсах проаналізовані дослідження, що позначають два основні країнознавчі вектори дослідження вищої медичної освіти: «заокеанський» (США і Канада) та «європейський» (головно Велика Британія, Польща і німецькомовні країни).

**Ключові слова:** вища медична освіта; зарубіжні країни; українська педагогічна компаративістика; професійна підготовка майбутніх лікарів; історіографічний аналіз; порівняльний аналіз.

**Introduction.** The complex and controversial processes of Ukraine's integration into the European Higher Education Area highlight the need for a comprehensive understanding of the foreign experience of the functioning of national systems of vocational education in general and higher medical education (HME) in particular. Ukrainian pedagogical comparative studies have accumulated a significant body of studies on the professional training of health professionals in Europe and the USA. They require a comprehensive substantive analysis for the productive use of the acquired knowledge in improving the national system of medical training and further development of studies on this issue.

**The aim** – to carry out a synthesised analysis of the works of Ukrainian comparativists on the development of higher medical education in foreign countries in order to identify trends, achievements, bottlenecks and prospects for studying this issue.

**Theoretical framework.** The historiography of Ukrainian comparative studies on the development of HME abroad has a distinct interdisciplinary and specialised nature. Most of the authors who contributed to its formation, including PhD candidates, are health professionals, while experienced scientists and teachers served as their supervisors and consultants. When studying the works on this issue, it turned out that a significant part of the monographs, articles and materials of scientific conferences devoted to it were prepared on the basis of thesis research. Thus, the focus is on analysing their materials as well as monographs and articles containing original content of scientific knowledge.

The sample of theses, monographs, and textbooks presented in Table 1 shows their narrow regional studies orientation and similarity in the formulation of the subject matter. In this situation, we outline the general research design and compare the coverage of HME development in specific countries.

**Table 1.** A selection of theses\*, monographs\*\* and textbooks\*\*\* on medical education abroad (by years of defence and publication)

Authors	Title of the study
Kazakov V. M. et al.**	The system of continuing medical education (1994)
Moskalenko V. F. et al.	Higher Medical Education and Bologna Process (educational, methodological and reference materials) (2004)
Polyachenko Yu. V. et al. ***	Medical education in the world and in Ukraine (2005)
Andreychyn S. M., Kachor V. O.**	Medical education in the Slovak Republic (2006)
Hryshchuk L. A., Horodetskyj V. Ye.**	Medical education in Poland (2006)
Uliash P.-B. A.	Influence of Polish-Ukrainian relations on the development of higher medical education and science in Poland and Ukraine up to the early XX century (2008)
Lavrysh Yu. E.*	Professional training of nurses in Canadian universities (2009)
Kuchumova N. V.*	Development of the system of higher medical education in German-speaking countries (second half of the 20th – beginning of the 21st century) (2012)
Palamarenko I. O.*	Professional training of family doctors in higher medical schools of Great Britain (2012)
Klishch H. I.*	Professional training of doctors in Austrian universities (2013)
Kolisnyk-Humenyuk Y. I.*	Formation of professional and ethical culture of future specialists in the process of humanitarian training at medical colleges (2013)
Kovalenko O. O.*	Formation of independence of junior medical specialists in the process of professional training in medical colleges (2014)
Huk S. V.*	Professional training of specialists in physical rehabilitation at universities in Great Britain (2015)
Kanivets O. M.	Professional training of a veterinary doctor in the UK (2015)
Hrebenyk-Kozachenko Yu. S.*	Organizational-Pedagogical Bases of Communicative Culture Formation of Medical Colleges Students in Great Britain and the USA (2016)
Maniuk L. V.*	Preparing future doctors for professional communication using information and communication technologies at US universities (2017)

Table 1 continuation

Authors	Title of the study
Edited by Shulhai A. H., Fedchyshyn N. O.**	Quality of higher medical education (to the 60th Anniversary of TDMU) (2017)
Khomenko K. V.*	Formation of professional competence of future doctors in Polish universities (1990–2015) (2017)
Mahrlamova K. H.*	Theoretical and practical principles of professional training of future doctors in higher medical educational institutions of Great Britain (2018)
Pylypenko O. P.	Professional training of veterinary professionals at German universities (2018)
Symonenko N. O.	The organization of students' independent work in higher medical educational institutions in the USA (2018)
Khvalyboha T. I.*	Theoretical and organizational principles of professional training of future doctors in the universities of the USA (2020)
Bilousova N. A.	Professional training of medical representatives of pharmaceutical companies in the Federal Republic of Germany (2021)
Pikon K. S.	Professional education of future nursing specialists in conditions of staged education in higher education institutions of the USA (2021)
Shumylo M. Yu.*	Development of higher medical education in the USA (XX–XXI centuries) (2023)

[Author's elaboration]

The synthesised analysis has shown that, taking into account objective realities, scientists identify similar trends in the functioning and development of national systems of professional training of doctors. The focus is on the tendency to preserve (in the USA) and expand (in European countries) the decentralisation of the HME management. It primarily concerns various aspects of the autonomy of HME to independently determine the principles of organisation of the educational process and ways to ensure its quality, structure of the student population and human resources, sources of funding, etc.

According to the researchers, a trend related to the previous one for strengthening the systematic and integrative nature of higher education levels is manifested in the interaction and coordination of different parts of HME. It is associated with the absence of a unified educational legislation (in the USA) and intensified policy on modernisation and development of national HME systems based on the introduction of new standards and other innovations at the national and regional levels.

The tendency towards increasing pragmatism of the HME system is also interpreted and assessed in different ways. On the one hand, this is reflected in the beliefs of higher education students, their parents, and the public that it should meet their needs and ensure financial accessibility, ethnic loyalty, and other manifestations of democratisation. On the other hand, scientists unanimously point to the tightening of requirements for professional selection and admission of applicants

to medical HEIs, in particular, regarding the level of knowledge in natural sciences, which is tested through comprehensive entrance exams, interview procedures and recommendations, consideration of social and volunteer activity, etc.

It has been discovered that in determining the prerequisites for the development of national HME systems, scientists are shifting their attention to identifying the impact of international medical organisations and healthcare documents on the justification of strategies for training doctors in medical HEIs in the countries studied, along with taking into account 'traditional' factors (historical past, political, socio-economic, cultural situation of the country, etc.). In particular, the emphasis was placed on the implementation of international human rights principles and the International Code of Medical Ethics in the content of national medical education systems, etc.

Scientific reflections according to which competition between educational institutions of different organisational and legal status (university, college, specialised HEI) did not deny but strengthened their cooperation are considered to be reasonable. This contributed to the enhancement of the quality of healthcare professionals' training at various levels and improvement of the control system through the introduction of new standards. The main trends in improving the management of national HME systems are also identified, which was manifested in the democratisation of the internal

structure of universities, ensuring academic freedom of participants in the educational process, and facilitating the employment of graduates.

Along with these consistent approaches to the study of the functioning of modern national HME systems, scientists proposed their own original approaches to their research, according to the subject of their studies. For instance, T. Khvalyboha (2020), in her doctoral thesis on the theoretical and organisational principles of professional training of doctors in the universities of the USA, proposed her own periodisation of its development based on two criteria (the dominant scientific and pedagogical paradigm within which HME develops, and the nature of the political and socio-economic relations that determine it). The researcher characterises this process through the prism of specificity, continuity and interdependence of two main stages: pre-reform one (early XVII century – 1910), when the national model of medical education began to be formed in the conditions of unaccredited private schools, and post-reform one (1910 – early XXI century), when the academic aspect of medical education was enhanced by expanding the list of basic and natural disciplines, increasing the importance of research and reducing the number of medical schools due to strict accreditation rules [6, p. 7, 12–14].

When describing the modern university environment for training specialists, T. Khvalyboha focused on demonstrating its professionalisation, which is manifested in the specialisation and differentiation of various fields of medicine; growth of scientific potential due to the appearance of new postgraduate schools; transition to the system of research universities, etc. We believe that the approach to considering the organisation of professional training of future doctors through the prism of the main stages and activities of individual HEIs is justified and productive. From this perspective, the researcher has developed a comprehensive structural model that includes bachelor's degree programmes (biology, chemistry, and combined ones) as well as MD and DO programmes in educational institutions of the relevant levels and specialised or university hospitals, consulting schools and offices. It is complemented by the functional model of professional training of the US doctors, which covers the main components of the undergraduate and postgraduate stages [6, p. 16–28]. Such a reception comprehensively and holistically reflects the essence of the phenomenon under investigation and creates the basis for its comparison with the HME models of other countries.

The thesis by M. Shumylo (2023) on the development of HME in the USA in the twentieth and twenty-

first centuries, which is similar in terms of the subject matter, is interesting for comparison with the above-mentioned work. The researcher expanded the list of determinants of this process, which, apart from the peculiarities of the country's social, economic, and cultural development, include the level of education of the population, its multiculturalism, the specifics of the educational system, etc. A more detailed (and somewhat imperfect) time gradation looks like this, consisting of the following periods: pre-colonial (before 1620, when there were no signs of a medical education system); colonial (1620–1783, when its development in the form of 'apprenticeship' began); formation (1783–1910, when the idea of medical education began to take shape), when the idea of the role of medical education began to be formed); reform and improvement (1910–1975 – was reflected in the structuring of professional training in medical school); globalisation (from 1975 to the present, accompanied by increased state regulation and diversification of individual components of the HME) [8].

We also analyse complex works on the development of the HME system in the UK through the prism of comparison. K. Mahrlamova's doctoral thesis highlights the conceptual narratives of the research on this issue. They are manifested, firstly, in the definition of strategies for its development as an extrapolation of the results of the activities of international medical associations (coordination of activities of legislative bodies and medical HEIs; ensuring its global modernisation through a network of international medical associations; the impact of integration processes on the standardisation and quality of medical training of doctors); secondly, in its presentation as a holistic pedagogical system that includes target, theoretical and methodological, organisational, content, technological, productive components; thirdly, in demonstrating its continuity in the format of alternate acquisition of bachelor's, master's, doctoral degrees by future specialists, etc. [4].

In the array of studies on this issue, the research of K. Mahrlamova is distinguished by the analysis of HME systems in different regions of the country (England, Ireland, Wales, Scotland); identifying the impact of Brexit (the UK's withdrawal from the EU) on its functioning; justification of approaches and criteria (updating legislation, management structures, specialised educational institutions); periodisation and classification of five stages of formation of the British system of medical training at universities (origin and formation; systemic and formative; professionalisation; humanisation and socialisation; reform and

modernisation); typology of medical HEIs in the UK by the nature of functioning (“old” universities, which are characterised by “academicism”; university colleges and colleges of higher education; “new” universities, focused on practical training of graduates; “open universities”, which provide on-the-job training) and by organisational structure (federated, collegiate, unitary, etc.) [4].

Thus, owing to the research of T. Khvalyboha and K. Mahrlamova, we can claim that Ukrainian comparative studies present a fairly systematic and holistic view of the two most developed national HME systems in the world.

I. Palamarenko’s thesis on the system of professional training of family doctors in higher medical schools of Great Britain also adds to the knowledge. Having clarified its genesis, peculiarities, organisational foundations and structural components, the researcher has substantively described the main stages of this process from admission, enrolment, and professional training to postgraduate education, advanced training, etc. This logical reception is conceptualised by the position according to which the balance of social needs and personal interests and demands determines the content and different areas of professional training of future doctors [5].

The “overseas” vector of studying the problem under consideration is expanded by Yu. Lavrysh’s thesis on the professional training of nurses in Canadian universities. Written in accordance with the approaches developed by Ukrainian comparative studies, this paper can serve as an illustration of retranslation of the general characteristics of national higher education systems, which is manifested in standard definitions of its determinants, principles, and other components. At the same time, its peculiarities are also shown: tiered system (Bachelor, Master, Doctor of Nursing); differentiation of specialities, which is achieved through the variety of curricula and stimulates mobility in terms of changing the place of study and continuity of professional development with the participation of professional associations, etc. The system of nursing teachers’ training, which has a distinct psychological, pedagogical and technological (ICT) orientation, is also worth mentioning [3].

The “European” vector is widely represented by studies on the development of national HME systems in German-speaking countries. N. Kuchumova’s study shows the peculiarities of development and provides a synthesised and comparative analysis of national models of pre-professional, professional, and postgraduate medical education in the Swiss Confederation, Germa-

ny, and Austria. In such a way, the general trends of the European policy in the field of HME are highlighted, which are aimed at their harmonisation as well as optimisation of conditions for the free movement of health professionals within the region and have a distinct human and student-centred and patient-oriented character [2].

The thesis of H. Klishch is interesting for comparison, as it shows that the development of medical education in Austria was determined by the nature of the reform of 41 components of the national healthcare sector. It is proved that, along with European standards, it was these standards that determined the priorities for training future professionals to ensure preventive and educational work with citizens to develop a responsible attitude toward their health. In addressing the issue of improving the HME system, the focus has shifted to the early involvement of future specialists in professional activities through the constant updating of the clinical base of educational institutions, and involvement of the best scientists and medical practitioners in teaching [1].

The priority of pedagogical Polonistics, typical for national comparative studies, is also manifested in the thematic vector under research. This is evidenced by the monograph by L. Hryshchuk and V. Horodetskyj “Medical Education in Poland” (Ternopil, 2006), K. Khomenko’s thesis on the formation of professional competence of future doctors in Polish universities in 1990–2015 [7], and other scientific materials. Their analysis has revealed similar and distinctive views on the development of the HME in Poland. In particular, in K. Khomenko’s view, its formation was marked by the periods of creation of the structure of medical universities and transformation of their functioning on the basis of European democracy in 1990–2005; dynamic development and fundamental content and procedural changes in the professional training of future doctors in 2005–2011; modernisation processes in the context of the country’s European integration aspirations in 2011–2015 [7].

The accumulation of knowledge from the aforementioned perspective is evidenced by original articles that reveal the trends and features of the formation of the Polish model of European medical education (B. Pereviznyk, T. Kovalchuk, N. Dzhavadova); features of the educational process in Polish medical HEIs (A. Bedeniuk, T. Bodnar, A. Dorofeev), etc.

**Conclusions and Prospects for Research.** The presented analysis of the work of Ukrainian comparative scholars on the development of higher medical education in foreign countries, on the one hand, in-

dicates considerable progress in this area, which has significantly intensified since the mid-2010s. On the other hand, research on this issue has a rather narrow regional studies orientation, covering the United States and several European countries. Against this background, scholars relay both similar, sometimes “standardised” narratives in solving their research

problems, and original approaches, interpretations, and assessments of the phenomena under consideration. We see prospects for further research in a comprehensive comparative analysis of national HME systems that are not only similar but also different in nature, for example, the United States and Canada as well as countries in Europe, Asia, etc.

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Received 10.09.2024.  
Recommended 12.09.2024.

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